



PLANNING & DEVELOPMENT SERVICES DEPARTMENT  
10 North Bemiston Avenue, Clayton, Missouri 63105  
(314) 290-8452 • FAX (314) 863-0296

## APPLICATION FOR MECHANICAL PERMIT RESIDENTIAL/COMMERCIAL

(PLEASE PRINT)

Permit# ME \_\_\_\_\_

- ☐ Two (2) sets of sealed plans showing compliance with the requirements of the 2015 IMC, 2015 IECC, 2015 IRC and local amendments for all **new construction, additions and alterations**, detailing duct work, piping, and location of condensing units
- ☐ Engineer's design for equipment anchoring, design for visual screening and calculations meeting seismic and 115 mph wind load criteria of the 2015 IBC, 2015 IRC, 2015 IEBC and local amendments for all equipment to be located on a roof **(including, but not limited to replacement equipment, generators, RTU's)**

- All equipment must be screened from view of the public right of way and must be five (5) feet from property line
- Boilers require a backflow device to be installed by a Licensed Master Plumber. A separate Plumbing Permit is required.
- Approval for all electrical work and compliance with electrical code requirements must be secured from the St. Louis County Electrical Department.

### INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED FOR REVIEW

Applicant Name \_\_\_\_\_

Applicant Phone (\_\_\_\_) \_\_\_\_\_ Alternate Phone (\_\_\_\_) \_\_\_\_\_

Applicant Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Applicant E-Mail \_\_\_\_\_

☐ Owner ☐ Contractor ☐ Design Professional ☐ Other \_\_\_\_\_

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Owner Name \_\_\_\_\_

Owner Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Owner E-Mail Address \_\_\_\_\_

Occupant \_\_\_\_\_

Engineer \_\_\_\_\_

Engineer E-Mail Address \_\_\_\_\_

Contractors Name \_\_\_\_\_

Contractors Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact E-Mail Address \_\_\_\_\_

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Project Address \_\_\_\_\_ Suite/Unit \_\_\_\_\_ (REQUIRED)

Application is made for: ☐ New Construction ☐ Addition ☐ Alteration ☐ Repair

This property is: ☐ Residential ☐ Commercial / Is the property located in the flood plain: ☐ Yes ☐ No

# APPLICATION FOR MECHANICAL PERMIT RESIDENTIAL/COMMERCIAL Continued

## MECHANICAL EQUIPMENT TO BE INSTALLED

<b>WARM AIR FURNACE</b>	No. of Units	Fuel & Type	BTU Input
Under 200,000 BTU	_____	1. _____	_____
Over 200,000 BTU	_____	2. _____	_____
<b>COOLING</b>		Specific Location of Condensing Unit(s)	Tons
Up to 4 Ton	_____	1. _____	_____
5 Ton - 10 Ton	_____	2. _____	_____
Over 10 Ton	_____	3. _____	_____
<b>BOILER</b>		Fuel & Type	BTU Input
Under 200,000 BTU	_____	1. _____	_____
Over 200,000 BTU	_____	2. _____	_____
<b>COMBO HEATING/COOLING</b>	_____	1. _____	_____
<b>AIR HANDLING EQUIPMENT</b>	_____	1. _____	_____
<b>ELECTRIC HEAT COIL UNITS</b>	_____	1. _____	_____
		Specific Location of Unit	AMP Input
<b>GENERATOR</b>	_____	1. _____	_____
		Specific Location of Unit	CFM
<b>EXHAUST FAN/HOOD</b>	_____	1. _____	_____
<b>OTHER</b>			
_____	_____	1. _____	_____
_____	_____	2. _____	_____

Realistic cost of mechanical work \$ \_\_\_\_\_

Permit valuations shall include total value of work, including materials and labor, for which the permit is being issued. If, in the opinion of the Building Official, the valuation is underestimated on the application, the permit shall be denied, unless the applicant can show detailed estimates to meet the approval of the Building Official. Final mechanical permit valuation shall be set by the Building Official.

**I hereby certify the above information is correct and that I am the legal owner of the property or have been authorized by the owner to make application for the work described above.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name \_\_\_\_\_

February 2016